### **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name:

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### A METHOD AND KIT

	was filed o	of which is attached her	ation No.	or PCT	Annlication	
No		and amended on		(if applicable	).	
identi above	ned specific	tate that I have review ation, including the cla	ved and understand t ims, as amended by	he contents o any amendme	of the above- nt referred to	
patent	I acknowl ability of thi	edge the duty to dis s application in accorda	sclose information vance with 37 CFR §1.	which is mat 56.	erial to the	
States, invent	oreign applicational applicational application applica	aim foreign priority ber cation(s) for patent or ication which designate w and have also identifute or PCT International which priority is claime	inventor's certificate ed at least one coun ied below any foreig l application having	try other than	of any PCT the United	
		PRIOR FOREIGN	PCT APPLICATION	I(S)		
COUNTR	Y/OFFICE	APPLICATION NO.	DATE OF FILING		PRIORITY CLAIMED	
				UYES	NO 🗆	
				<b>DYES</b>	NO 🗆	
				TVES	NO IT	

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

#### PROVISIONAL APPLICATION NUMBER

DATE OF FILING

60/316,308

August 31, 2001

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

# PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 25 U.S.C. §120

Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned
			П	п

And I hereby appoint Arthur H. Seidel, Registration No. 15,979; Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; Thomas J. Durling, Registration No. 31,349; John J. Marshall, Registration No. 29,671; Joseph R. Delmaster, Jr., Registration No. 38,399, Robert E. Cannuscio, Registration No. 36,469, and George A. Frank, Registration No. 27,636, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Drinker Biddle & Reath LLP, One Logan Square, 18<sup>th</sup> & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to **Daniel A. Monaco**, (215) 988-3312 (telefax: (215) 988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

### FULL NAME OF SOLE OR FIRST INVENTOR

## ROBERT **NORMAN** RICE (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Inventor's signature:\_ Country of Citizenship: Austrălia Residence: Sinnamon Park Australia (City) (State or Foreign Country) Post Office Address: 39 Foley Place Sinnamon Park, Queensland 4073 Australia FULL NAME OF SOLE OR FIRST INVENTOR **BRUCE THOMAS HARRISON** (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Inventor's signature: Country of Citizenship: Australia Residence:\_ Eastern Heights \_\_\_\_\_Australia

Post Office Address:

(State or Foreign Country)

Eastern Heights, Queensland 4305 Australia

(City)

6 Devon Street